

University of California, San Francisco  
School of Dentistry  
**PREDOCTORAL CLINICS FINANCIAL POLICIES**

As a state institution, we are obligated to charge patients for dental services. We strive to provide services at a reasonable cost. Financial assistants are available to answer questions and assist you. To achieve this goal, we need your understanding of the following policies.

**FOR THOSE PATIENTS WITHOUT DENTAL INSURANCE:**

Fees are due at the beginning of *each* dental appointment. However, complex/multi-appointment services (e.g., crown, bridge, denture or root canal procedures) require payment of 50% of the fee at the time of the start of treatment. The remaining balance for that treatment is due at the beginning of the appointment when the *restoration* is completed or the *appliance* (complete denture, partial denture, crown, etc.) is delivered.

We also offer for your convenience the ability to finance your care by using a major credit card (*Visa, MasterCard, American Express, Discover*) or *debit cards* (ATM).

**FOR THOSE PATIENTS WITH DENTAL INSURANCE:**

Most dental insurance benefits are subject to limitations, exclusions, deductibles, co-payments and maximum benefit coverage. In order to obtain your dental benefits, your insurance carrier often requires us to provide information before initiating treatment (preauthorization) for more complicated dental procedures. If payment for treatment is approved, you will be required to pay your “co-payment” only. If you elect not to have your treatment preauthorized (some treatment does not require preauthorization) you will be required to pay for your dental treatment as it is completed. If you have made an overpayment because of your insurance benefit payment, you will be reimbursed. If your insurance company denies payment for any procedure because of a change in your benefits or eligibility, you are responsible for the full cost of the treatment.

**FOR THOSE PATIENTS WITH DENTI-CAL:**

You are required by the State of California to provide us with beneficiary eligibility information with your Medi-Cal Identification Card for each visit in order to receive dental services under the Medi-Cal Dental Program (Denti-Cal). Your eligibility is determined at each visit by scanning your card at the reception desk. Failure to verify your eligibility will make you personally responsible for any treatment provided at the School.

The Denti-Cal program does not cover many dental procedures. If you elect to have treatment that is not a covered benefit, you are responsible for the full cost of the treatment. Furthermore, if Denti-Cal denies payment for covered benefits due to a change in your eligibility, you are responsible for the full cost of the treatment.

*The undersigned certifies that he/she has read and understands the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.*

**Signature of: Patient/Parent/Guardian/Conservator**

**Date**